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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Declaration
Submitted OR Submitted after Initial
with Initial Filing (surcharge
Filing (37 CFR 1.16 (e))
 required)

Attorney Docket Number	I-2-0444.1US
First Named Inventor	Rudolf et al.
COMPLETE IF KNOWN	
Application Number	Not Yet Known
Filing Date	Not Yet Known
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RELIABILITY DETECTION OF CHANNEL QUALITY INDICATOR (CQI) AND
APPLICATION TO OUTER LOOP POWER CONTROL**

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/430,854	12/04/2002	
60/438,560	01/06/2003	
<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

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PTO/SB/01 (12-07)

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)					
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24374 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Namely, the Attorneys of Volpe and Koenig, P.C.							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 24374 OR <input type="checkbox"/> Correspondence address below							
Name	VOLPE AND KOENIG, P.C. DEPT ICC						
Address							
Address							
City	State	ZIP					
Country	Telephone	Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor					
Given Name (first and middle if any):		Family Name or Surname:					
Marian		Rudolf					
Inventor's Signature	<i>Marian Rudolf</i>		Date	2/12/03			
Residence: City	Montreal	State	QC	Country	Canada	Citizenship	Fed. Republic of Germany
Post Office Address	2046 Rue de la Visitation						
Post Office Address							
City	Montreal	State	QC	ZIP	H2L 3C7	Country	Canada
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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PTO/SB/02A (11-00)

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Stephen G.		Dick		
Inventor's Signature	<i>Stephen G. Dick</i>		Date <u>12/3/02</u>	
Residence: City	Nesconset	State	New York	Country
		USA		Citizenship
61 Bobann Drive				
Mailing Address				
City		Nesconset	State	New York
		ZIP		11767
		Country		USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James M.		Miller		
Inventor's Signature			Date	
Residence: City	Verona	State	NJ	Country
		USA		Citizenship
18 Louisburg Square				
Mailing Address				
City		Verona	State	NJ
		ZIP		07044
		Country		USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City		State	Country	
		Citizenship		
Mailing Address				
Mailing Address				
City		State	ZIP	Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Stephen G.		Dick		
Inventor's Signature			Date	
Residence: City	Nesconset	State	New York	Country
			USA	Citizenship
61 Bobann Drive				
Mailing Address				
Mailing Address				
City	Nesconset	State	New York	ZIP 11767 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James M.		Miller		
Inventor's Signature	<i>Jann n mille</i>			Date 12/2/03
Residence: City	Verona	State	NJ	Country USA
				Citizenship USA
18 Louisburg Square				
Mailing Address				
City	Verona	State	NJ	ZIP 07044 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	ZIP	Country	

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